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JUN 16 2005

Deliver to: Vincent E. Kovalick, USPTO Art Group: 2673
Facsimile No.: 703-872-9306 Date: June 16, 2005
From: William W. Schaal, Rcg. No. 39,018
Our Docket No.: 42390PG6729 Number of pages 5; including this sheet.
Application No.: 09/540,166 Filing Date: 3/31/2000
Docket Due Date(s):

Enclosed are the following documents:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

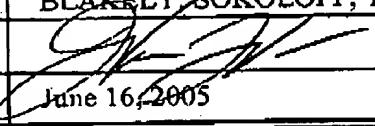
[Signature]
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Susan McFarlane 6/16/2005
Susan McFarlane Date

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/540,166
		Filing Date	March 31, 2000
		First Named Inventor	Scott A. Rosenberg
		Art Unit	2673
		Examiner Name	Vincent E. Kovalick
Total Number of Pages in This Submission	4	Attorney Docket Number	42390P6729

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
		<div style="border: 1px solid black; padding: 5px; min-height: 40px; vertical-align: top;"> Comments on Statement of Reasons for Allowance </div>	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP		
Signature			
Date	June 16, 2005		

CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name	Susan McFarlane		
Signature		Date	June 16, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005		<i>Complete if Known</i> Application Number <u>09/540,166</u> Filing Date <u>March 31, 2000</u> First Named Inventor <u>Scott A. Roscnberg</u> Examiner Name <u>Vincent E. Kovalick</u> Art Unit <u>2673</u> Attorney Docket No. <u>42390PG6729</u>	
<small>Patent fees are subject to annual revision.</small>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT		(S)	0.00

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEES CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Claims	below	Fee Paid
12	20° = 0	60.00	\$0.00
2	3° = 0	200.00	\$0.00
Multiple Dependent			

Large Entity		Small Entity		<u>Fee Description</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
12012	50	2202	25	Claims in excess of 20
12011	200	2201	100	Independent claims in excess of 3
1203	360	2203	100	Multiple Dependent claim, if not paid
1204	300	2204	150	"Reserve independent claims over original patent
1205	300	2205	150	"Reserve claims in excess of 20 and over original patent
		SUBTOTAL (1)		(\$) 0.00

**For numbers previously paid, if greater. For Reissues, see below.*

2. ADDITIONAL FEES

Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or math
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	610	Extension for reply within third month
1254	1,680	2254	730	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to Institute a public use proceeding
1480	130	2480	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1808	130	1808	100	Submission of Information Disclosure Stmt
1809	700	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2010	395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)				

SUBMITTED BY

Name (Print/Type)	William W. Schau	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	06/16/05

Based on PTO/SB/17 (12-09) as modified by Blankley, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Partial fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known	
Application Number	09/540,166
Filing Date	March 31, 2000
First Named Inventor	Scott A. Rosenberg
Examiner Name	Vincent E. Kovalick
Art. Unit	2673
Attorney Docket No.	42390P6729

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s)	<input type="checkbox"/> Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
12	20*	0	\$0.00
Independent Claims	3*	0	\$0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Release independent claims over original patent
1205	300	2205	150	**Release claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2003	130	2053	130
1251	120	2251	80
1252	450	2252	225
1253	1,020	2253	610
1254	1,660	2254	795
1259	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1431	1,610	2451	1,510
1460	130	2460	130
1807	50	1807	50
1806	180	1806	180
1809	780	1809	395
1810	790	2010	395
Other fee (specify)		SUBTOTAL (2)	
		(\$)	

Complete (if applicable)

SUBMITTED BY	Registration No.	Telephone	
Name (Print/Type)	(Attorney/Agent)	(39,018)	(714) 557-3800
Signature		Date	06/16/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wkr) 12/15/2004
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No. : 09/540,166
Applicant : Scott A. Rosenberg
Filed : 03/31/2000
TC/A.U. : 2673
Examiner : Vincent E. Kovalick

Docket No. : 042390.P6729
Customer No. : 8791

Confirmation No. 2691

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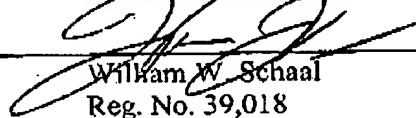
COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Applicants are assuming that the Examiner's statement of reasons for allowance is to be taken in light of the structure and interaction recited in the claims. Applicants note that the Examiner's various comments should not be used to read non-existent limitations into the claims.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: June 16, 2005


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